

EXHIBIT 2

REGISTER OF ACTIONS

CASE No. 2021CVK000510D2

ALICE JENNIFER RODRIGUEZ VS. LAREDO REGIONAL MEDICAL CENTER, L.P.

§
§
§
§
§

Case Type: All Other Civil Cases (DC)
 Subtype: Other (DC)
 Date Filed: 03/16/2021
 Location: --11th District Court

PARTY INFORMATION

Defendant	DR. PAUL CHRISTOPHER GIASI	Attorneys DOYLE,FRANK,A Retained 7132789215 x7132789163(W)
Defendant	DR. PRAKASH HEGDE	
Defendant	DR. ROBERT KEITH LANDRY	DOYLE,FRANK,A Retained 7132789215 x7132789163(W)
Defendant	DR. SANDRA TARAPASADE	
Defendant	LAREDO REGIONAL MEDICAL CENTER, L.P.	
Defendant	UNIVERSAL HEALTH SERVICES, INC.	
Plaintiff	RODRIGUEZ, ALICE JENNIFER	ALBERT M GUTIERREZ Retained 210-824-4411(W)

EVENTS & ORDERS OF THE COURT

	OTHER EVENTS AND HEARINGS	
03/16/2021	Civil Case Filed (OCA)	
03/16/2021	Original Petition	
	PLAINTIFF'S ORIGINAL PETITION. (DV)	
03/16/2021	Jury Demand	
	JURY DEMAND REQUESTED AND PAID BY ATTORNEY ALBERT M. GUTIERREZ. (DV)	
03/18/2021	Calendar Call	
	FAXED THE CALENDAR CALL TO ATTORNEY ALBERT M. GUTIERREZ. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO DR. PRAKASH HEDGE AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO DR. CHRISTOPHER GIASI AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO DR. ROBERT KIETH LANDRY AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO DR. SANDRA TARAPASADE AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO LAREDO REGIONAL MEDICAL CENTER, L.P. AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation-Issuance	
	TWO CITATIONS ISSUED AS TO UNIVERSAL HEALTH SERVICES, INC. AND PLACED THEM IN THE PRIVATE SERVERS BOX. (DV)	
03/18/2021	Citation	
	DR. PRAKASH HEGDE	Unservd
03/18/2021	Citation	
	DR. PAUL CHRISTOPHER GIASI	Unservd
03/18/2021	Citation	
	DR. ROBERT KEITH LANDRY	Unservd
03/18/2021	Citation	
	DR. SANDRA TARAPASADE	Unservd
03/18/2021	Citation	
	LAREDO REGIONAL MEDICAL CENTER, L.P.	Unservd
03/18/2021	Citation	
	UNIVERSAL HEALTH SERVICES, INC.	Unservd
04/06/2021	Letter	
	LETTER FROM ATTORNEY ALBERT M. GUTIERREZ- REQUESTING ISSUANCE	
04/06/2021	Citation-Issuance	
	CITATION ISSUED AS TO DR. PRAKASH HEDGE PLACED IN THE PRIVATE SERVER BASKET. ATTORNEY WILL PROVIDE COPY OF PETITION. CITATION HAND DELIVERED TO PRIVATE SERVER.	
04/06/2021	Citation	
	DR. PRAKASH HEGDE	Unservd
04/06/2021	Citation-Issuance	
	CITATION ISSUED AS TO DR. PAUL CHRISTOPHER GIASI PLACED IN THE PRIVATE SERVER BASKET. ATTORNEY WILL PROVIDE COPY OF PETITION. CITATION HAND DELIVERED TO PRIVATE SERVER.	
04/06/2021	Citation	
	DR. PAUL CHRISTOPHER GIASI	Unservd
04/12/2021	Miscellaneous Filing	
	DECLARATION OF SERVICE	
04/16/2021	Answer-Defendant	
	DEFENDANT ROBERT KIETH LANDRY'S ORIGINAL ANSWER	
04/16/2021	Answer-Defendant	
	DEFENDANT DR. PAUL CHRISTOPHER GIASI'S ORIGINAL ANSWER	
06/01/2021	Calendar Call (11:00 AM) (Judicial Officer Notzon, Monica Z.)	

CAUSE NO. 2021CVK000510D2

ALICE JENNIFER RODRIGUEZ	§	IN THE DISTRICT COURT
<i>Plaintiff,</i>	§	
	§	
v.	§	___ JUDICIAL DISTRICT
	§	
LAREDO REGIONAL MEDICAL	§	
CENTER, L.P. D/B/A DOCTORS	§	
HOSPITAL OF LAREDO, UNIVERSAL	§	
HEALTH SERVICES, INC., DR.	§	
PRAKASH HEGDE, DR. PAUL	§	
CHRISTOPHER GIASI, DR. SANDRA	§	
TARAPASADE, and	§	
DR. ROBERT KIETH LANDRY	§	
<i>Defendants.</i>	§	WEBB COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

Plaintiff, Alice Jennifer Rodriguez files this Original Petition against Defendants, Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo ("LMC"), Universal Health Services, Inc. ("UHS") (LMC and UHS are collectively referred to as "Doctors Hospital"), Dr. Prakash Hegde, Dr. Paul Christopher Giasi, Dr. Sandra Tarapasade and Dr. Robert Kieth Landry.

A. DISCOVERY-CONTROL PLAN

1. Plaintiff intends to conduct discovery under Level 3 of Texas Rule of Civil Procedure 190.4 and affirmatively pleads that this suit is not governed by the expedited-actions process in Texas Rule of Civil Procedure 169 because Plaintiff seeks monetary relief over \$250,000.00.

B. CLAIM FOR RELIEF

2. Plaintiff seeks monetary relief over \$1,000,000.

C. CONDITIONS PRECEDENT

3. Plaintiff gave Defendants written notice of Plaintiff's claim at least 60 days before filing suit and fully complied with the terms of Texas Civil Practice & Remedies Code sections 74.051 and 74.052.
4. Required statutory notice was sent to Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo by certified mail return receipt requested and First-Class United States mail on July 20, 2020. The notice was received on July 23, 2020. *See Exhibit A.*
5. Required statutory notice was sent to Universal Health Services, Inc. by certified mail return receipt requested and First-Class United States mail on July 20, 2020. The notice was received on July 27, 2020. *See Exhibit A.*
6. Required statutory notice was sent to Dr. Paul Christopher Giasi by certified mail return receipt requested and First-Class United States mail on July 20, 2020. The notice was received on July 23, 2020. *See Exhibit A.*
7. Required statutory notice was sent to Dr. Sandra Tarapasade by certified mail return receipt requested and First-Class United States mail on July 20, 2020. The return receipt for the notice was returned unsigned. *See Exhibit A.*
8. Required statutory notice was sent to Dr. Prakash Hegde by certified mail return receipt requested and First-Class United States mail on August 25, 2020. The notice was received on August 28, 2020. *See Exhibit B.*
9. Required statutory notice was sent to Dr. Robert Kieth Landry by certified mail return receipt requested and First-Class United States mail on September 10, 2020 to his

address of record with the Texas Medical Board. The notice was returned to the sender on October 13, 2020 in CLEVELAND, TX 77327 because the forwarding order for this address is no longer valid. *See Exhibit C.*

10. All conditions precedent have been performed and have occurred.

D. PARTIES

11. Plaintiff, Alice Jennifer Rodriguez, is an individual, residing in Bexar County, San Antonio, Texas.

12. Defendant, Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo, a foreign limited partnership organized and existing under the laws of the state of Delaware, whose principal office is located at 367 South Gulph Road, King of Prussia, PA 19406, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process, Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company at 211 E. 7th Street, Suite 620 Austin, TX 78701-3136.

13. Defendant, Universal Health Services, Inc., a foreign corporation organized and existing under the laws of Delaware, whose principal office is located at 367 South Gulph Road, King of Prussia, PA 19406, is authorized to do business in Texas and may be served with process by serving its registered agent for service of process, Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company at 211 E. 7th Street, Suite 620 Austin, TX 78701-3136.

14. Defendant, Dr. Prakash Hegde, an individual, may be served with process at Defendant's usual place of business in Webb County at 10700 McPherson Road Laredo,

Texas 78045, or wherever Defendant Hegde may be found.

15. Defendant, Dr. Paul Christopher Giasi, an individual, may be served with process at Defendant's usual place of business in Webb County at 10700 McPherson Road Laredo, Texas 78045, or wherever Defendant Giasi may be found.

16. Defendant, Dr. Sandra Tarapasade, an individual, may be served with process at Defendant's usual place of business in Angelina County at 1201 W. Frank Avenue Lufkin, Texas 75904, or wherever Defendant Tarapasade may be found.

17. Defendant, Dr. Robert Kieth Landry, an individual, may be served with process at Defendant's address of record, 108 William Barnett Avenue, Cleveland, Texas 77327, or wherever Defendant Landry may be found.

E. VENUE

18. Venue is proper and mandatory in Webb County, Texas, pursuant to Texas Civil Practice and Remedies Code section 15.002 for the following reasons:

- a. all or a substantial part of the events or omissions giving rise to Plaintiff's claims occurred in Webb County, Texas;
- b. Doctors Hospital's principal Texas office is in Webb County, Texas;
- c. Defendant Dr. Paul Christopher Giasi is a natural person, residing in Webb County, Texas.

F. JURISDICTION

19. Plaintiff invokes the jurisdiction of this Court pursuant to Texas Government Code sections 24.007 and 24.008.

20. In addition, Plaintiff sues for damages, pre-judgment interest, post-judgment interest in excess of the minimum jurisdictional limits of the Court, as hereinafter more particularly described.

G. FACTS

21. With symptoms of fever, sore throat, rash, and itching, Plaintiff Alice Rodriguez arrived for treatment at the emergency room of Doctors Hospital of Laredo on December 16, 2019 at 5:46 p.m. Dr. Giasi was the attending and admitting physician assigned to her case and Dr. Landry was the supervising physician. Ms. Rodriguez's face was swollen, and she was having an allergic reaction causing her skin to become inflamed. The admitting diagnosis was shortness of breath and a rash. It was noted that she had depression and bi-polar disorder.

22. Ms. Rodriguez advised Doctors Hospital personnel that she recently began taking a medication called Lamictal prescribed by her psychiatrist. It is well known by health care providers that Lamictal, especially early after a patient begins taking the medication, may cause a severe and sometimes deadly allergic reaction that presents with symptoms consistent with Ms. Rodriguez's symptoms. Treatment for such reaction includes immediate cessation of Lamictal and may require treatment in hospital burn units. Medical personnel in the emergency room failed to recognize and diagnose Ms. Rodriguez's symptoms as an allergic reaction to this medication and failed to instruct her to immediately stop taking the medication.

23. Doctors Hospital personnel recorded that Ms. Rodriguez had no known allergies upon her arrival and that she was at severe risk for sepsis.

24. A nurse practitioner, Juan Antonio Lira-Escobedo, was assigned to Ms. Rodriguez's case at Doctors Hospital. Although she was initially assigned an Emergency Severity Index ("ESI") score of 4 out of 5 (with 1 being the most and 5 being the least sick), upon review of her vitals, Ms. Rodriguez's ESI score was changed to 2. At 6:42 p.m. a "Sepsis risk alert" was initiated, which begins a system of communication orders to notify the MD/MLP (midlevel provider) and the attending physician, Dr. Giasi. Notwithstanding, Dr. Giasi did not examine Ms. Rodriguez, failed to initiate a sepsis protocol, and directed the nurse to continue the status quo.

25. The supervising physician, Dr. Landry, who signed off on the nurse practitioner's chart, never saw Ms. Rodriguez or ever wrote a progress note assessing her after she was deemed to be one of the sickest patients in the emergency room.

26. Dr. Landry had been disciplined in 2013 by the Texas Medical Board for failing to meet the standard of care towards a patient in sepsis care. Doctors Hospital was aware of Dr. Landry's past failings.

27. Despite the extreme symptoms, ESI score, and the fact that she was at severe sepsis risk, Dr. Giasi and Dr. Landry, with willful and wanton negligence, never bothered to examine Plaintiff, deviating from the degree of care and skill that is reasonably expected of any ordinarily prudent physician. She was given a multitude of tests that did not yield a diagnosis. They treated her with fluids and acetaminophen, told her to continue taking her current medications, including Lamictal, prescribed her new medication, and sent her home at 9:24 p.m.

28. Upon discharge, Ms. Rodriguez's diagnosis was acute urinary tract infection and viral exanthem. She was also required to acknowledge that she would continue the medications prescribed by her regular doctor. The records from December 16, 2019 state:

*The Emergency Department physician has reviewed the information that you have provided concerning medications that have been prescribed previously and found there to be no conflict with any therapy recommended by the Emergency Department physicians. Unless instructed by the Emergency Department physician to discontinue specific medications, **you should continue medications prescribed by your regular doctor and follow-up with your doctor or with the physician/facility recommended by the ED as appropriate.** (emphasis added)*

29. Ms. Rodriguez was told to follow up with her primary care provider and to return to the hospital if her symptoms worsened.

30. Ms. Rodriguez returned to Doctors Hospital the following day, December 17, 2019, because her symptoms had worsened. Her rash had intensified and spread throughout her body, including her eyes, mouth and throat, causing severe itching and burning. As instructed by Defendants the day before, Ms. Rodriguez continued taking Lamictal. She arrived at approximately 9:00 a.m. and was admitted at 11:48 a.m. Her skin had begun to peel, and she had developed large sores on her body. This time, she was told she was having a viral reaction to the measles. Dr. Giasi characterized her condition as a mild allergic reaction.

31. The medical providers at Doctors Hospital again misdiagnosed Ms. Rodriguez and failed to recognize the severity of the symptoms caused by Lamictal. Although she was admitted to Doctors Hospital on this second visit and examined by a physician, Dr. Hegde, she continued to worsen throughout the remaining part of December 17 and 18 with frequent spikes of tachycardia, temperatures, pain and worsening rashes, including

blisters on hands and feet and "large open skin tears due to generalized skin rash to anterior chest and posterior back."

32. As time passed, Ms. Rodriguez's skin began to peel away. She was not given adequate fluids, a step which would have likely prevented mucous membrane damage.

33. On December 17, Dr. Hegde was made aware that Ms. Rodriguez had a very high temperature. Dr. Hegde ordered that Dr. Fernando Sanchez be consulted.

34. On December 18, Dr. Tarapasade was made aware by Ricardo Ochoa, RN-BSN that Ms. Rodriguez had blisters to her hands and feet and large open skin tears on her chest and back. Nurse Ochoa noted that "no new orders were received." The mucous membrane was also peeling from her mouth.

35. A nurse intervened and alerted the doctor and Ms. Rodriguez's family members that she was being misdiagnosed, mistreated and that she should be transferred immediately to Brooke Army Medical Center ("BAMC") in San Antonio for a higher level of care. Not until the morning of December 19 when the "rash" had spread all over her body and the skin was peeling away, did Doctors Hospital and Dr. Hegde realized the severity of Ms. Rodriguez's condition and take action to have her moved to San Antonio. On the morning of December 19, Dr. Hegde had Ms. Rodriguez transferred to receive a higher level of care.

36. Ms. Rodriguez was discharged from Doctors Hospital on December 19, 2019 at 11:00 am and transferred by ambulance to BAMC. By the time she arrived at BAMC, the majority of her skin had peeled off her body to the equivalent of severe burns, and her eyesight had become significantly and permanently impaired.

37. Ms. Rodriguez was confined to the Intensive Care Burn Unit at BAMC for several months. She lost all her hair and most of her skin. When her hair began to grow back her eyelashes grew inwards causing more damage to her eyes. She requires skin grafts, eye surgeries, laser treatments and other rehabilitation and reparative procedures.

38. She is unable to work, unable to take care of her minor children, and unable to function independently without help from her loved ones. She is physically and mentally scarred for life, is in significant pain, and has yet to regain eyesight enough to function normally.

H. COUNT 1 – MEDICAL NEGLIGENCE OF DEFENDANTS

39. Plaintiff incorporates by reference all preceding paragraphs set forth hereinabove.

40. Defendant Paul Christopher Giasi is an individual licensed to practice medicine in Texas. Dr. Giasi has been licensed in Texas under license number P6821 since June 3, 2013. He graduated from St. George's University School of Medicine, St. George's, Grenada.

41. Defendant Prakash Hegde is an individual licensed to practice medicine in Texas. Dr. Hegde has been licensed in Texas under license number L7415 since October 10, 2003. He graduated from Jawaharlal Nehru Medical College, Belgaum, Karnataka, India.

42. Defendant Sandra Tarapasade is an individual licensed to practice medicine in Texas. Dr. Tarapasade has been licensed in Texas under license number Q8656 since June 1, 2016. She graduated from Univ De Cien Med De Camaguey, Camaguey, Cuba (Alt Name: Inst Sup De Cien Med De Camaguey, Dr. Carlos J Finlay).

43. Defendant Robert Kieth Landry is an individual licensed to practice medicine in Texas. Dr. Landry has been licensed in Texas under license number L8405 since April 2,

2004. He graduated from the University of Mississippi School of Medicine, Jackson, Mississippi.

44. Defendant Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo is a Delaware limited partnership formed by a group of physicians.

45. Defendant Universal Health Services, Inc. is a Delaware corporation registered by the State of Texas to provide health care.

46. Plaintiff's cause of action is a health care liability claim.

47. Defendants owed Plaintiff the duty to treat her with the care and skill that is reasonably expected of an ordinary prudent physician or health care provider. While being treated in the emergency room and while admitted as a patient, the Defendants deviated from this standard of care with negligence as well as willful and wanton negligence. Defendants breached the duty of care to Plaintiff by:

- Failing to accurately diagnose and treat the cause of her symptoms;
- Failing to direct her to immediately discontinue the Lamictal;
- Failing to have an emergency room physician involved in her care, diagnosis and disposition when presenting with severely abnormal vital signs, and no definitive test result;
- Failing to respond to a system alert concerning abnormal vital signs;
- Failing to transfer her to a burn center on her December 17 visit with worsening symptoms;
- Failing to provide adequate care and fluid resuscitation while in the hospital; and
- Failing to transfer her to a burn center after worsening symptoms while admitted to the hospital.

48. Doctors Hospital is liable to Plaintiff for the breach of the duty and standard of care by Drs. Giasi, Hegde, Tarapasade and Landry, because their acts were performed as employees, agents, ostensible agents, agents by estoppel, servants, borrowed servants and/or vice principals, acting within the course and scope of their employment with Doctors Hospital, to further Doctors Hospital's business, and to accomplish the objective for which they were hired. Their acts were within the course and scope of that employment or within the authority delegated to them by Doctors Hospital. These doctors breached the duty of care to Plaintiff by the failures described above for which Doctors Hospital is liable.

49. Defendants' breach of duty proximately caused injury to Plaintiff, which resulted in the following serious, permanent, and catastrophic damages: past pain and suffering, future pain and suffering, past mental anguish, future mental anguish, physical disfigurement, physical impairment, medical expenses past and future, loss of past and future earnings and earnings capacity, loss of consortium, loss of household services, all other actual damages, and exemplary damages.

50. Plaintiff seeks damages in excess of \$1,000,000.00 within the jurisdictional limits of this Court.

51. Exemplary damages. Plaintiff's injury resulted from Defendants' gross negligence, which entitles Plaintiff to exemplary damages under Texas Civil Practice & Remedies Code section 41.003(a). Defendants had actual, subjective awareness of the risks to Plaintiff but proceeded with conscious indifference to the rights, safety, or welfare of others.

I. COUNT 2 - NEGLIGENT SUPERVISION

49. Plaintiff incorporates by reference all preceding paragraphs set forth hereinabove.

50. Doctors Hospital sat back and did nothing while nurses were warning Defendants and Defendants were ignoring the nurses. Doctors Hospital has a duty to staff, hire and supervise medical care providers at its hospital who are competent to follow the standard of care. Doctors Hospital also had a duty to discharge such providers who fail to follow the standard of care. Doctors Hospital failed to satisfy its duties to staff, hire, supervise, and non-negligently retain medical providers, which proximately caused the following serious, permanent and catastrophic damages: past pain and suffering, future pain and suffering, past mental anguish, future mental anguish, physical disfigurement, physical impairment, medical expenses past and future, loss of past and future earnings and earning capacity, loss of consortium, loss of household services, all other actual damages and exemplary damages.

51. Plaintiff seeks damages in excess of \$1,000,000.00 within the jurisdictional limits of this Court.

52. Exemplary damages. Plaintiff's injury resulted from Defendants' gross negligence, which entitles Plaintiff to exemplary damages under Texas Civil Practice & Remedies Code section 41.003(a). Defendants had actual, subjective awareness of the risks to Plaintiff but proceeded with conscious indifference to the rights, safety, or welfare of others.

J. JURY DEMAND

52. Plaintiff demands a jury trial and tenders the appropriate fee with this petition.


K. PRAYER

54. For these reasons, Plaintiff asks that the Court issue citation for Defendants to appear and answer, and that Plaintiff be awarded a judgment against Defendants, jointly and severally for the following:

- a. actual damages including, but not limited to:
 - i. past pain and suffering;
 - ii. future pain and suffering;
 - iii. past mental anguish;
 - iv. future mental anguish;
 - v. physical disfigurement;
 - vi. physical impairment;
 - vii. medical expenses past and future;
 - viii. loss of past and future earning capacity;
 - ix. loss of consortium;
 - x. loss of household services; and
 - xi. all other actual damages
- b. exemplary damages;
- c. prejudgment and postjudgment interest;
- d. court costs; and
- e. all other relief to which plaintiff is entitled.

Respectfully submitted,

PERSON, MOHRER, MORALES,
BODDY, GARCIA & GUTIERREZ, P.L.L.C.

By: 
Albert M. Gutierrez
State Bar No. 00790806
amg@pmbglaw.com
Elizabeth C. Boddy
State Bar No. 24027347
eboddy@pmbglaw.com
Kelly Canales Feicht
State Bar No. 24073995
kfeicht@pmbglaw.com
8610 Broadway, Suite 440
San Antonio, Texas 78217
Telephone No.: (210) 824-4411
Facsimile No.: (210) 225-2266
ATTORNEYS FOR PLAINTIFF


31st March 2021
I, the undersigned, being a duly qualified and admitted member of the State Bar of Texas, do hereby certify that the foregoing is a true and correct copy of the original filed in the District Court of Webb County, Texas.




EXHIBIT A



PERSON • MOHRER • MORALES
BODDY • GARCIA • GUTIERREZ, PLLC

July 20, 2020

VIA 1ST CLASS & CERTIFIED MAIL, RETURN RECEIPT REQUESTED:

Laredo Regional Medical Center, L.P.
d/b/a Doctors Hospital of Laredo
Eladio Montalvo, Interim Chief Executive Officer
Raymond Ramos, Chief Operating Officer
Mark A. Requena, Chief Financial Officer
10700 McPherson Road
Laredo, Texas 78045

Universal Health Services, Inc.
367 South Gulph Road
King of Prussia, PA 19406

Dr. Prakesh Hedge
10700 McPherson Road
Laredo, Texas 78045

Dr. Paul Christopher Giasi
10700 McPherson Road
Laredo, Texas 78045

Dr. Sandra Tarapasade
1201 W Frank Avenue
Lufkin, Texas 75904

Re: Notice of Health Care Claim on behalf of Alice J. Rodriguez, DOB:



Ladies and Gentlemen:

This firm represents Alice J. Rodriguez. As required by the Texas Medical Liability Act, Section 74.051 of the Texas Civil Practice & Remedies Code, please take notice that Ms. Rodriguez has a health care liability claim against Doctors Hospital of Laredo, Universal Health Services, Inc., Dr. Prakesh Hegde, Dr. Paul Christopher Giasi and Dr. Sandra Tarapasade.

Ms. Rodriguez arrived for emergency treatment at Doctors Hospital on December 16, 2019. At that time, she had a fever, sore throat and rash. Her face was swollen and she was having an allergic reaction causing her skin to become inflamed. Her medical records indicate that she was at risk for sepsis. Nonetheless, she was not seen by the ER physician. She was treated with prednisone, sent home and specifically told to continue

OFFICES IN SAN ANTONIO AND LAREDO

7744 BROADWAY, SUITE 100 • SAN ANTONIO, TEXAS 78209 • P: (210) 824-4411 • F: (210) 824-3152 • **PMBGLAW.COM**

taking her current medication, including Lamictal.

She returned the following day because her symptoms had worsened. Her skin had begun to peel and she had developed large sores on her body. She was told she was having a viral reaction to the measles. She took it upon herself to stop taking Lamictal. The medical providers at Doctors Hospital misdiagnosed her and failed to recognize the severity of the symptoms caused by Lamictal.

A nurse intervened and alerted the doctor and Ms. Rodriguez's family members that she was being misdiagnosed, mistreated and that that she should be transferred immediately to BAMC in San Antonio for a higher level of care. Due to the improper treatment and slow reactions by the physicians and Doctors Hospital, by the time she got to BAMC, the majority of her skin had peeled off her body to the equivalent of severe burns, and her eye-sight had become significantly impaired. She is unable to work, unable to take care of her minor children and unable to function independently without help from her loved ones.

The willful and wanton negligence of the physicians and Doctors Hospital deviated from the degree of care and skill that is reasonably expected of an ordinarily prudent physician or health care provider in the same or similar circumstances. Ms. Rodriguez will commence legal action against you to recover her damages pursuant to the Texas Medical Liability Act.

We submitted a request to Doctors Hospital on May 7, 2020 and received 454 pages of documents with a Medical Records Affidavit signed by Hugo O. Garcia dated May 12, 2020. To the extent that there are any records that were not produced pursuant to our previous request, please make them available for inspection within thirty days of the receipt of this correspondence pursuant to 45 CFR 164.524 and Chapter 74 of the Texas Civil Practice and Remedies Code. The records may be transmitted electronically or by mail, and we will pay reproduction costs. Enclosed is a signed authorization.

Please cease direct contact with Ms. Rodriguez regarding this incident and redirect all communications to the undersigned.

Sincerely,



Albert M. Gutierrez
amg@pmbglaw.com

AGM/dtl
enclosure

AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: Alice Jennifer Rodriguez

Patient Date of Birth: [REDACTED]

Patient Address: [REDACTED]

Patient Telephone:

Patient E-mail:N/A.....

NOTICE TO PHYSICIAN OR HEALTH CARE PROVIDER: THIS AUTHORIZATION FORM HAS BEEN AUTHORIZED BY THE TEXAS LEGISLATURE PURSUANT TO SECTION 74.052, CIVIL PRACTICE AND REMEDIES CODE. YOU ARE REQUIRED TO PROVIDE THE MEDICAL AND BILLING RECORDS AS REQUESTED IN THIS AUTHORIZATION.

A. I, Alice Jennifer Rodriguez, hereby authorize Doctors Hospital of Laredo to obtain and disclose (within the parameters set out below) the protected health information and associated billing records described below for the following specific purposes (check all that apply):

☒ To facilitate the investigation and evaluation of the health care claim described in the accompanying Notice of Health Care Claim.

☐ Defense of any litigation arising out of the claim made the basis of the accompanying Notice of Health Care Claim.

☐ Other--Specify:

B. The health information to be obtained, used, or disclosed extends to and includes the verbal as well as written and electronic and is specifically described as follows:

1. The health information and billing records in the custody of the physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez in connection with the injuries alleged to have been sustained in connection with the claim asserted in the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers:

1. See Exhibit 1

2.

3.

This authorization extends to an additional physician or health care provider that may in the future evaluate, examine, or treat Alice Jennifer Rodriguez for injuries alleged in connection with the claim made the basis of the attached Notice of Health Care Claim only if the claimant gives notice to the recipient of the attached Notice of Health Care Claim of that additional physician or health care provider;

2. The health information and billing records in the custody of the following physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez during a period commencing five years prior to the incident made the basis of the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers, if applicable: N/A

C. Exclusions

1. Providers excluded from authorization.

The following constitutes a list of physicians or health care providers possessing health care information concerning Alice

Jennifer Rodriguez to whom this authorization does not apply because I contend that such health care information is not relevant to the damages being claimed or to the physical, mental, or emotional condition of Alice Jennifer Rodriguez arising out of the claim made the basis of the accompanying Notice of Health Care Claim. List the names of each physician or health care provider to whom this authorization does not extend and the inclusive dates of examination, evaluation, or treatment to be withheld from disclosure, or state "none": None.

2. By initialing below, the patient or patient's personal or legal representative excludes the following information from this authorization:

_____ HIV/AIDS test results and/or treatment

_____ Drug/alcohol/substance abuse treatment

_____ Mental health records (mental health records do not include psychotherapy notes)

_____ Genetic information (including genetic test results)

D. The persons or class of persons to whom the patient's health information and billing records will be disclosed or who will make use of said information are:

1. Any and all physicians or health care providers providing care or treatment to Alice Jennifer Rodriguez;
2. Any liability insurance entity providing liability insurance coverage or defense to any physician or health care provider to whom Notice of Health Care Claim has been given with regard to the care and treatment of Alice Jennifer Rodriguez;
3. Any consulting or testifying experts employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
4. Any attorneys (including secretarial, clerical, experts, or paralegal staff) employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
5. Any trier of the law or facts relating to any suit filed seeking damages arising out of the medical care or treatment of Alice Jennifer Rodriguez.

E. This authorization shall expire upon resolution of the claim asserted or at the conclusion of any litigation instituted in connection with the subject matter of the Notice of Health Care Claim accompanying this authorization, whichever occurs sooner.

F. I understand that, without exception, I have the right to revoke this authorization at any time by giving notice in writing to the person or persons named in Section B above of my intent to revoke this authorization. I understand that prior actions taken in reliance on this authorization by a person that had permission to access my protected health information will not be affected. I further understand the consequence of any such revocation as set out in Section 74.052, Civil Practice and Remedies Code.

G. I understand that the signing of this authorization is not a condition for continued treatment, payment, enrollment, or eligibility for health plan benefits.

H. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

Name of Patient: Alice Jennifer Rodriguez

Date: _____

EXHIBIT 1

Patient name: Alice H. Rodriguez

1. Doctors' Hospital of Laredo
10700 McPherson Road
Laredo, Texas 78045
2. Dr. Prakash Hedge
10700 McPherson Road
Laredo, Texas 78045
3. Dr. Paul Christopher Giasi
10700 McPherson Road
Laredo, Texas 78045
4. Dr. Robert Kieth Landry Jr.
108 William Barnett Avenue
Cleveland, TX 77327
5. Katia J Tabrizy, R.N.
10700 McPherson Road
Laredo, Texas 78045
6. Rosa Maria Tamez, R.N.
10700 McPherson Road
Laredo, Texas 78045
7. Sonya Molina, R.N.
10700 McPherson Road
Laredo, Texas 78045
8. Gabriela K Arzuaga, R.N.
10700 McPherson Road
Laredo, Texas 78045
9. Jose Baldemar Gonzalez, R.N.
10700 McPherson Road
Laredo, Texas 78045
10. Ricardo Ochoa, R.N.-BSN
10700 McPherson Road
Laredo, Texas 78045

11. Joshua H Den Hartog, R.N.
10700 McPherson Road
Laredo, Texas 78045
12. Teresita C Martinez, R.N.
10700 McPherson Road
Laredo, Texas 78045
13. Jesus Heliodoro Castro, R.N.
10700 McPherson Road
Laredo, Texas 78045
14. Irma Guzman, R.N.
10700 McPherson Road
Laredo, Texas 78045
15. Juan Antonio Lira-Escobedo, N.P.
10700 McPherson Road
Laredo, Texas 78045
16. Jamie A. Lopez, R.N.
10700 McPherson Road
Laredo, Texas 78045

7017 1000 0000 4432 7183

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Postmark Here	
<p>78045</p> <p>Laredo Regional Med. Ctr. LP d/b/a DPH</p> <p>Eladio Montalvo, R. Ramos, M. Requena</p> <p>10700 McPherson Rd. Laredo, TX</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo Eladio Montalvo, Interim Chief Executive Officer Raymond Ramos, Chief Operating Officer Mark A. Requena, Chief Financial Officer 10700 McPherson Road Laredo, Texas 78045</p> <p>9590 9402 5979 0062 8592 44</p> <p>2. Article Number (Transfer from service label) 7017 1000 0000 4432 7183</p>	<p>A. Signature X <i>Jaime Munoz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 7/25/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7017 1000 0000 4432 7145

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ™.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (checkbox, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	Universal Health Services, Inc.
Street and Apt. No., or PO Box No.	367 South Gulph Road
City, State, ZIP+4®	King of Prussia, PA 19406
PS Form 3810, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>7-27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below:</p> <p><i>[Circular Postmark: JUL 27 2020 KING OF PRUSSIA, PA 19406]</i></p>																
<p>1. Article Addressed to: Universal Health Services, Inc. 367 South Gulph Road King of Prussia, PA 19406</p> <p>2. Article Number (Transfer from service label) 7017 1000 0000 4432 7145</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>9590 9402 5342 9154 5521 26</p>	<p>Domestic Return Receipt</p>																
PS Form 3811, July 2015 PSN 7530-02-000-9053																	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fees as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$


☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent to **Dr. Prakesh Hedge**
10700 McPherson Road
Laredo, TX 78045

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Dr. Prakesh Hedge 10700 McPherson Road Laredo, Texas 78045</p> <p> 9590 9402 5342 9154 5521 19</p> <p>2. Article Number (Transfer from service label) 7017 1000 0000 4432 7152</p>	<p>A. Signature X Javier Muñoz <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 7/23/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1000 0000 4432 7169

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com [®] .	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent to Dr. Paul Christopher Giasi 10700 McPherson Road Laredo, TX 78045	
PS Form 3800, April 2015 PSN 7330-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Javier Munoz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Dr. Paul Christopher Giasi 10700 McPherson Road Laredo, Texas 78045		B. Received by (Printed Name) C. Date of Delivery 7/23/26	
2. Article Number (Transfer from service label) 7017 1000 0000 4432 7169		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express [®] <input type="checkbox"/> Registered Mail TM <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation TM <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Dr. Sandra Tarapasade

Street/PO Box No. 1201 W. Frank Ave.

City/State/Zip Lufkin Texas 75904

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Dr. Sandra Tarapasade
1201 W Frank Avenue
Lufkin, Texas 75904



9590 9402 5342 9154 5520 96

2. Article Number (Transfer from service label)

7017 1000 0000 4432 7138

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

EXHIBIT B



PERSON • MOHRER • MORALES
BODDY • GARCIA • GUTIERREZ, PLLC

August 25, 2020

VIA 1ST CLASS & CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dr. Prakash Hegde
11803 South Free Way, Ste. 201
Burleson, Texas 76028

Re: Notice of Health Care Claim on behalf of Alice J. Rodriguez, DOB: [REDACTED].

Dr. Hegde:

This firm represents Alice J. Rodriguez. As required by the Texas Medical Liability Act, Section 74.051 of the Texas Civil Practice & Remedies Code, please take notice that Ms. Rodriguez has a health care liability claim against Doctors Hospital of Laredo, Universal Health Services, Inc., Dr. Prakash Hegde, Dr. Paul Christopher Giasi and Dr. Sandra Tarapasade.

Ms. Rodriguez arrived for emergency treatment at Doctors Hospital on December 16, 2019. At that time, she had a fever, sore throat and rash. Her face was swollen and she was having an allergic reaction causing her skin to become inflamed. Her medical records indicate that she was at risk for sepsis. Nonetheless, she was not seen by the ER physician. She was treated with prednisone, sent home and specifically told to continue taking her current medication, including Lamictal.

She returned the following day because her symptoms had worsened. Her skin had begun to peel and she had developed large sores on her body. She was told she was having a viral reaction to the measles. She took it upon herself to stop taking Lamictal. The medical providers at Doctors Hospital misdiagnosed her and failed to recognize the severity of the symptoms caused by Lamictal.

A nurse intervened and alerted the doctor and Ms. Rodriguez's family members that she was being misdiagnosed, mistreated and that she should be transferred immediately to BAMC in San Antonio for a higher level of care. Due to the improper treatment and slow reactions by the physicians and Doctors Hospital, by the time she got to BAMC, the majority of her skin had peeled off her body to the equivalent of severe burns, and her eye-sight had become significantly impaired. She is unable to work, unable to take care of her minor children and unable to function independently without help from her loved ones.

The willful and wanton negligence of the physicians and Doctors Hospital deviated from the degree of care and skill that is reasonably expected of an ordinarily

OFFICES IN SAN ANTONIO AND LAREDO

7744 BROADWAY, SUITE 100 • SAN ANTONIO, TEXAS 78209 • P: (210) 824-4411 • F: (210) 824-3152 • **PMBGLAW.COM**

prudent physician or health care provider in the same or similar circumstances. Ms. Rodriguez will commence legal action against you to recover her damages pursuant to the Texas Medical Liability Act.

We submitted a request to Doctors Hospital on May 7, 2020 and received 454 pages of documents with a Medical Records Affidavit signed by Hugo O. Garcia dated May 12, 2020. To the extent that there are any records that were not produced pursuant to our previous request, please make them available for inspection within thirty days of the receipt of this correspondence pursuant to 45 CFR 164.524 and Chapter 74 of the Texas Civil Practice and Remedies Code. The records may be transmitted electronically or by mail, and we will pay reproduction costs. Enclosed is a signed authorization.

Please cease direct contact with Ms. Rodriguez regarding this incident and redirect all communications to the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Albert M. Gutierrez', with a stylized flourish at the end.

Albert M. Gutierrez
amg@pmbglaw.com

AGM/cjm
enclosure

AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: Alice Jennifer Rodriguez

Patient Date of Birth: [REDACTED]

Patient Address: [REDACTED]

Patient Telephone: [REDACTED]

Patient SSN: [REDACTED]

Patient E-mail:

NOTICE TO PHYSICIAN OR HEALTH CARE PROVIDER: THIS AUTHORIZATION FORM HAS BEEN AUTHORIZED BY THE TEXAS LEGISLATURE PURSUANT TO SECTION 74.052, CIVIL PRACTICE AND REMEDIES CODE. YOU ARE REQUIRED TO PROVIDE THE MEDICAL AND BILLING RECORDS AS REQUESTED IN THIS AUTHORIZATION.

A. I, Alice Jennifer Rodriguez, hereby authorize Doctors Hospital of Laredo to obtain and disclose (within the parameters set out below) the protected health information and associated billing records described below for the following specific purposes (check all that apply):

☒ [X] To facilitate the investigation and evaluation of the health care claim described in the accompanying Notice of Health Care Claim.

☐ [] Defense of any litigation arising out of the claim made the basis of the accompanying Notice of Health Care Claim.

☐ [] Other--Specify:

B. The health information to be obtained, used, or disclosed extends to and includes the verbal as well as written and electronic and is specifically described as follows:

1. The health information and billing records in the custody of the physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez in connection with the injuries alleged to have been sustained in connection with the claim asserted in the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers: See Exhibit 1

This authorization extends to an additional physician or health care provider that may in the future evaluate, examine, or treat Alice Jennifer Rodriguez for injuries alleged in connection with the claim made the basis of the attached Notice of Health Care Claim only if the claimant gives notice to the recipient of the attached Notice of Health Care Claim of that additional physician or health care provider;

2. The health information and billing records in the custody of the following physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez during a period commencing five years prior to the incident made the basis of the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers, if applicable: N/A

C. Exclusions

1. Providers excluded from authorization.

The following constitutes a list of physicians or health care providers possessing health care information concerning Alice Jennifer Rodriguez to whom this authorization does not apply because I contend that such health care information is not relevant to the damages being claimed or to the physical, mental, or emotional condition of Alice Jennifer Rodriguez arising out of the claim made the basis of the accompanying Notice of Health Care Claim. List the names of each physician or health care provider to whom this authorization does not extend and the inclusive dates of examination, evaluation, or treatment to be withheld from disclosure, or state "none": None.

2. By initialing below, the patient or patient's personal or legal representative excludes the following information from this authorization:

- _____ HIV/AIDS test results and/or treatment
- _____ Drug/alcohol/substance abuse treatment
- _____ Mental health records (mental health records do not include psychotherapy notes)
- _____ Genetic information (including genetic test results)

D. The persons or class of persons to whom the patient's health information and billing records will be disclosed or who will make use of said information are:

1. Any and all physicians or health care providers providing care or treatment to Alice Jennifer Rodriguez;
2. Any liability insurance entity providing liability insurance coverage or defense to any physician or health care provider to whom Notice of Health Care Claim has been given with regard to the care and treatment of Alice Jennifer Rodriguez;
3. Any consulting or testifying experts employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
4. Any attorneys (including secretarial, clerical, experts, or paralegal staff) employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
5. Any trier of the law or facts relating to any suit filed seeking damages arising out of the medical care or treatment of Alice Jennifer Rodriguez.

E. This authorization shall expire upon resolution of the claim asserted or at the conclusion of any litigation instituted in connection with the subject matter of the Notice of Health Care Claim accompanying this authorization, whichever occurs sooner.

F. I understand that, without exception, I have the right to revoke this authorization at any time by giving notice in writing to the person or persons named in Section B above of my intent to revoke this authorization. I understand that prior actions taken in reliance on this authorization by a person that had permission to access my protected health information will not be affected. I further understand the consequence of any such revocation as set out in Section 74.052, Civil Practice and Remedies Code.

G. I understand that the signing of this authorization is not a condition for continued treatment, payment, enrollment, or eligibility for health plan benefits.

H. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

Signature of Patient:

Alice Jennifer Rodriguez

Date: August 11, 2020

EXHIBIT 1

Patient name: Alice J. Rodriguez

1. Doctors' Hospital of Laredo
10700 McPherson Road
Laredo, Texas 78045
2. Dr. Prakash Hegde
11803 South Free Way, #201
Burleson, Texas 76028
3. Dr. Paul Christopher Giasi
10700 McPherson Road
Laredo, Texas 78045
4. Dr. Robert Kieth Landry Jr.
108 William Barnett Avenue
Cleveland, TX 77327
5. Katia J Tabrizy, R.N.
10700 McPherson Road
Laredo, Texas 78045
6. Rosa Maria Tamez, R.N.
10700 McPherson Road
Laredo, Texas 78045
7. Sonya Molina, R.N.
10700 McPherson Road
Laredo, Texas 78045
8. Gabriela K Arzuaga, R.N.
10700 McPherson Road
Laredo, Texas 78045
9. Jose Baldemar Gonzalez, R.N.
10700 McPherson Road
Laredo, Texas 78045
10. Ricardo Ochoa, R.N.-BSN
10700 McPherson Road
Laredo, Texas 78045
11. Joshua H Den Hartog, R.N.
10700 McPherson Road
Laredo, Texas 78045
12. Teresita C Martinez, R.N.
10700 McPherson Road
Laredo, Texas 78045
13. Jesus Heliodoro Castro, R.N.
10700 McPherson Road
Laredo, Texas 78045
14. Irma Guzman, R.N.
10700 McPherson Road
Laredo, Texas 78045

15. Juan Antonio Lira-Escobedo, N.P.
10700 McPherson Road
Laredo, Texas 78045

16. Jamie A. Lopez, R.N.
10700 McPherson Road
Laredo, Texas 78045

USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70171000000044327206[Remove X](#)

Your item was delivered to an individual at the address at 10:21 am on August 28, 2020 in BURLESON, TX 76028.

✓ Delivered

August 28, 2020 at 10:21 am
Delivered, Left with Individual
BURLESON, TX 76028

[Feedback](#)[Get Updates ✓](#)[Text & Email Updates](#)[Tracking History](#)[Product Information](#)[See Less ^](#)

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

Dr. Prakash Hegde
 11803 South Free Way, Ste. 201
 Burleson Texas 76028

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Dr. Prakash Hegde 11803 South Free Way, Ste. 201 Burleson, Texas 76028</p> <p>2. Article Number (Transfer from service label) 7017 1000 0000 4432 7206</p>	<p>A. Signature x D Allgood <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Ann R 23 C 9 8/28/20</p> <p>C. Date of Delivery 8/28/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>

9590 9402 5991 0062 8962 65

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

EXHIBIT C



PERSON • MOHRER • MORALES
BODDY • GARCIA • GUTIERREZ, PLLC

September 10, 2020

VIA 1ST CLASS & CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dr. Robert Kieth Landry, Jr.
108 William Barnett Avenue
Cleveland, Texas 77327

Re: Notice of Health Care Claim on behalf of Alice J. Rodriguez, DOB: [REDACTED]

Dear Dr. Landry:

This firm represents Alice J. Rodriguez. As required by the Texas Medical Liability Act, Section 74.051 of the Texas Civil Practice & Remedies Code, please take notice that Ms. Rodriguez has a health care liability claim against Doctors Hospital of Laredo, Universal Health Services, Inc., Dr. Prakash Hegde, Dr. Paul Christopher Giasi, Dr. Sandra Tarapasade, and Dr. Robert Kieth Landry, Jr.

Ms. Rodriguez arrived for emergency treatment at Doctors Hospital on December 16, 2019. At that time, she had a fever, sore throat and rash. Her face was swollen and she was having an allergic reaction causing her skin to become inflamed. Her medical records indicate that she was at risk for sepsis. Nonetheless, she was not seen by the ER physician. She was treated with prednisone, sent home and specifically told to continue taking her current medication, including Lamictal.

She returned the following day because her symptoms had worsened. Her skin had begun to peel and she had developed large sores on her body. She was told she was having a viral reaction to the measles. She took it upon herself to stop taking Lamictal. The medical providers at Doctors Hospital misdiagnosed her and failed to recognize the severity of the symptoms caused by Lamictal.

A nurse intervened and alerted the doctor and Ms. Rodriguez's family members that she was being misdiagnosed, mistreated and that she should be transferred immediately to BAMC in San Antonio for a higher level of care. Due to the improper treatment and slow reactions by the physicians and Doctors Hospital, by the time she got to BAMC, the majority of her skin had peeled off her body to the equivalent of severe burns, and her eye-sight had become significantly impaired. She is unable to work, unable to take care of her minor children and unable to function independently without help from her loved ones.

The willful and wanton negligence of the physicians and Doctors Hospital deviated from the degree of care and skill that is reasonably expected of an ordinarily

OFFICES IN SAN ANTONIO AND LAREDO

7744 BROADWAY, SUITE 100 • SAN ANTONIO, TEXAS 78209 • P: (210) 824-4411 • F: (210) 824-3152 • PMBGLAW.COM

prudent physician or health care provider in the same or similar circumstances. Ms. Rodriguez will commence legal action against you to recover her damages pursuant to the Texas Medical Liability Act.

In the event that you have any of Alice Rodriguez's medical records, please make them available for inspection within forty-five days of the receipt of this correspondence pursuant to 45 CFR 164.524 and Chapter 74 of the Texas Civil Practice and Remedies Code. The records may be transmitted electronically or by mail, and we will pay reproduction costs. Enclosed is a signed authorization.

Please cease direct contact with Ms. Rodriguez regarding this incident and redirect all communications to the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Albert M. Gutierrez', with a stylized flourish at the end.

Albert M. Gutierrez
amg@pmbglaw.com

AGM/cjm
enclosure

AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: Alice Jennifer Rodriguez

Patient Date of Birth: [REDACTED]

Patient Address: [REDACTED]

Patient Telephone: [REDACTED]

Patient SSN: [REDACTED]

Patient E-mail:

NOTICE TO PHYSICIAN OR HEALTH CARE PROVIDER: THIS AUTHORIZATION FORM HAS BEEN AUTHORIZED BY THE TEXAS LEGISLATURE PURSUANT TO SECTION 74.052, CIVIL PRACTICE AND REMEDIES CODE. YOU ARE REQUIRED TO PROVIDE THE MEDICAL AND BILLING RECORDS AS REQUESTED IN THIS AUTHORIZATION.

A. I, Alice Jennifer Rodriguez, hereby authorize Doctors Hospital of Laredo to obtain and disclose (within the parameters set out below) the protected health information and associated billing records described below for the following specific purposes (check all that apply):

☒ [X] To facilitate the investigation and evaluation of the health care claim described in the accompanying Notice of Health Care Claim.

☐ [] Defense of any litigation arising out of the claim made the basis of the accompanying Notice of Health Care Claim.

☐ [] Other--Specify:

B. The health information to be obtained, used, or disclosed extends to and includes the verbal as well as written and electronic and is specifically described as follows:

1. The health information and billing records in the custody of the physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez in connection with the injuries alleged to have been sustained in connection with the claim asserted in the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers: See Exhibit 1

This authorization extends to an additional physician or health care provider that may in the future evaluate, examine, or treat Alice Jennifer Rodriguez for injuries alleged in connection with the claim made the basis of the attached Notice of Health Care Claim only if the claimant gives notice to the recipient of the attached Notice of Health Care Claim of that additional physician or health care provider;

2. The health information and billing records in the custody of the following physicians or health care providers who have examined, evaluated, or treated Alice Jennifer Rodriguez during a period commencing five years prior to the incident made the basis of the accompanying Notice of Health Care Claim.

Names and current addresses of treating physicians or health care providers, if applicable: N/A

C. Exclusions

1. Providers excluded from authorization.

The following constitutes a list of physicians or health care providers possessing health care information concerning Alice Jennifer Rodriguez to whom this authorization does not apply because I contend that such health care information is not relevant to the damages being claimed or to the physical, mental, or emotional condition of Alice Jennifer Rodriguez arising out of the claim made the basis of the accompanying Notice of Health Care Claim. List the names of each physician or health care provider to whom this authorization does not extend and the inclusive dates of examination, evaluation, or treatment to be withheld from disclosure, or state "none": None.

2. By initialing below, the patient or patient's personal or legal representative excludes the following information from this authorization:

- _____ HIV/AIDS test results and/or treatment
- _____ Drug/alcohol/substance abuse treatment
- _____ Mental health records (mental health records do not include psychotherapy notes)
- _____ Genetic information (including genetic test results)

D. The persons or class of persons to whom the patient's health information and billing records will be disclosed or who will make use of said information are:

1. Any and all physicians or health care providers providing care or treatment to Alice Jennifer Rodriguez;
2. Any liability insurance entity providing liability insurance coverage or defense to any physician or health care provider to whom Notice of Health Care Claim has been given with regard to the care and treatment of Alice Jennifer Rodriguez;
3. Any consulting or testifying experts employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
4. Any attorneys (including secretarial, clerical, experts, or paralegal staff) employed by or on behalf of Doctors Hospital of Laredo with regard to the matter set out in the Notice of Health Care Claim accompanying this authorization;
5. Any trier of the law or facts relating to any suit filed seeking damages arising out of the medical care or treatment of Alice Jennifer Rodriguez.

E. This authorization shall expire upon resolution of the claim asserted or at the conclusion of any litigation instituted in connection with the subject matter of the Notice of Health Care Claim accompanying this authorization, whichever occurs sooner.

F. I understand that, without exception, I have the right to revoke this authorization at any time by giving notice in writing to the person or persons named in Section B above of my intent to revoke this authorization. I understand that prior actions taken in reliance on this authorization by a person that had permission to access my protected health information will not be affected. I further understand the consequence of any such revocation as set out in Section 74.052, Civil Practice and Remedies Code.

G. I understand that the signing of this authorization is not a condition for continued treatment, payment, enrollment, or eligibility for health plan benefits.

H. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

Signature of Patient:

Alice Jennifer Rodriguez

Date: August 11, 2020

EXHIBIT I

Patient name: Alice J. Rodriguez

1. Doctors' Hospital of Laredo
10700 McPherson Road
Laredo, Texas 78045
2. Dr. Prakash Hegde
11803 South Free Way, #201
Burleson, Texas 76028
3. Dr. Paul Christopher Giasi
10700 McPherson Road
Laredo, Texas 78045
4. Dr. Robert Kieth Landry Jr.
108 William Barnett Avenue
Cleveland, TX 77327
5. Katia J Tabrizy, R.N.
10700 McPherson Road
Laredo, Texas 78045
6. Rosa Maria Tamez, R.N.
10700 McPherson Road
Laredo, Texas 78045
7. Sonya Molina, R.N.
10700 McPherson Road
Laredo, Texas 78045
8. Gabriela K. Arzuaga, R.N.
10700 McPherson Road
Laredo, Texas 78045
9. Jose Baldemar Gonzalez, R.N.
10700 McPherson Road
Laredo, Texas 78045
10. Ricardo Ochoa, R.N.-BSN
10700 McPherson Road
Laredo, Texas 78045
11. Joshua H Den Hartog, R.N.
10700 McPherson Road
Laredo, Texas 78045
12. Teresita C Martinez, R.N.
10700 McPherson Road
Laredo, Texas 78045
13. Jesus Heliodoro Castro, R.N.
10700 McPherson Road
Laredo, Texas 78045
14. Irma Guzman, R.N.
10700 McPherson Road
Laredo, Texas 78045

15. Juan Antonio Lira-Escobedo, N.P.
10700 McPherson Road
Laredo, Texas 78045
16. Jamie A. Lopez, R.N.
10700 McPherson Road
Laredo, Texas 78045

USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70171000000044327237[Remove X](#)

Your item was returned to the sender at 11:57 am on October 13, 2020 in CLEVELAND, TX 77327 because the forwarding order for this address is no longer valid.

Alert

October 13, 2020 at 11:57 am
Forward Expired
CLEVELAND, TX 77327

[Feedback](#)**Get Updates** 

Text & Email Updates

Tracking History

Product Information**See Less** 

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PRAKASH HEGDE
10700 MCPHERSON ROAD
LAREDO TX 78045 OR WHEREVER DEFENDANT HEGDE MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

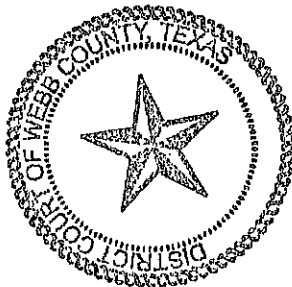
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

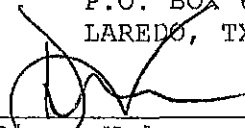
WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:


Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named **DR.**
PRAKASH HEGDE, each, in person, a true copy of this citation
 together with the accompanying copy of the petition, having
 first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS)
 COUNTY OF WEBB)

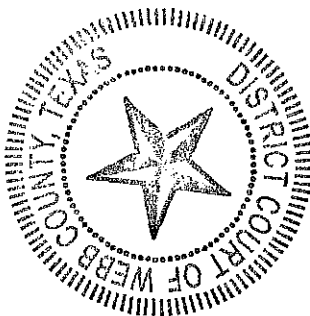
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

A true copy of the original. I certify
the 31st day of March 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Court at Law, Webb County, Texas
By E. Alvarado Deputy



RETURN

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PRAKASH HEGDE
10700 MCPHERSON ROAD
LAREDO TX 78045 OR WHEREVER DEFENDANT HEGDE MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

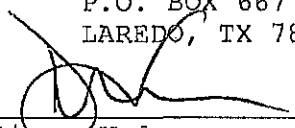
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:  DEPUTY
Diana Vela

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named DR.
PRAKASH HEGDE, each, in person, a true copy of this citation
together with the accompanying copy of the petition, having
first attached such copy of such petition to such copy of
citation and endorsed on such copy of citation the date of
delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

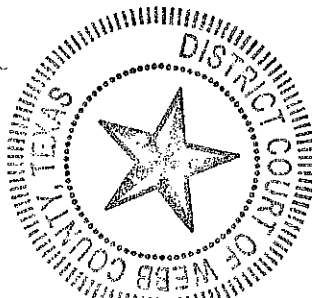
Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____, _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES

31st copy of the original. I certify
that on March 21
ESTHER DE GOLLADO
Clerk of the District Courts and
Notary at Law Webb County, Texas
E. D. Wada Deputy



SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PAUL CHRISTOPHER GIASI
10700 MCPHERSON ROAD
LAREDO TX 78045 OR WHEREVER DEFENDANT GIASI MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF

VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

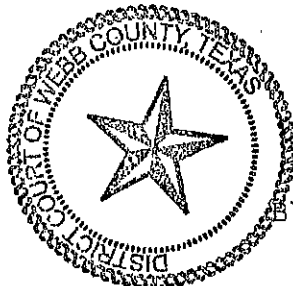
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF

8610 BROADWAY SUITE 440

SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS,
Issued and given under my hand and seal of said court at office,
on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:

[Signature]
Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ M. on the _____ day of
 _____, 2021, by delivering to the within named **DR.**
PAUL CHRISTOPHER GIASI, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB. }

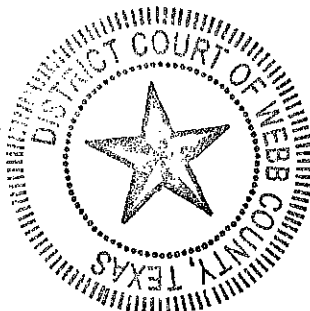
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____, _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

31st
True copy of the original. I certify
day of March 20 21
ESTHER DE GOLLADO
County Clerk of the District Courts and
County Court at Law Webb County Texas
E. D. Gollado



RETURN
2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PAUL CHRISTOPHER GIASI
10700 MCPHERSON ROAD
LAREDO TX 78045 OR WHEREVER DEFENDANT GIASI MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

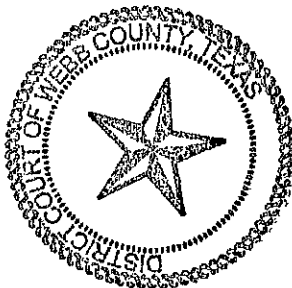
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:


Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named **DR.**
PAUL CHRISTOPHER GIASI, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

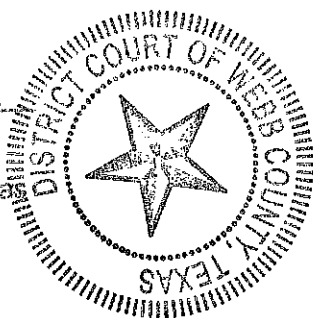
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

A True copy of the original I certify
31st day of March 20 21
JESUER DE GOLLADO
of the District Courts and
County Clerk of Webb County, Texas
E. Alvarado



SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. ROBERT KIETH LANDRY
108 WILLIAM BARNETT AVENUE
CLEVELAND, TX 77327 OR WHEREVER DEFENDANT LANDRY MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF

VS.

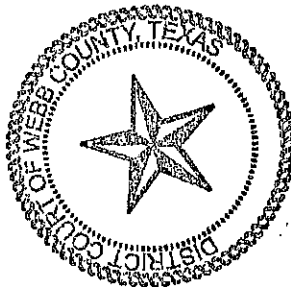
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

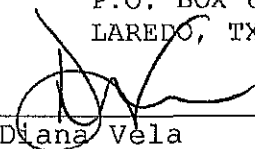
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:  DEPUTY
Diana Vela

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named **DR.**
ROBERT KIETH LANDRY, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

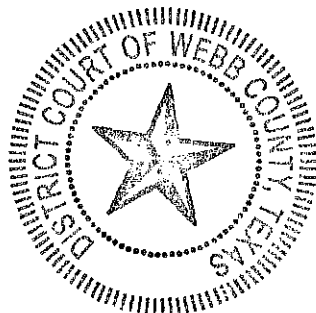
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

31st day of March 20 21
ESTHER DE GOLLADO
Clerk of the District Courts and
County Clerk of Law Webb County Texas
By E. Alvarado Deputy



RETURN
2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. ROBERT KIETH LANDRY
108 WILLIAM BARNETT AVENUE
CLEVELAND, TX 77327 OR WHEREVER DEFENDANT LANDRY MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO TX 78042

BY:


Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named **DR.**
ROBERT KIETH LANDRY, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

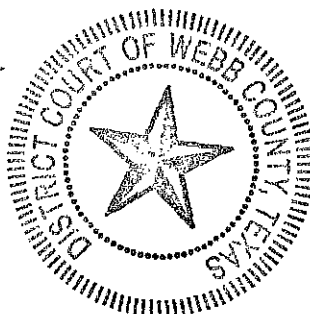
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

31st of the original, I certify
day of March 2021
ESMER DE GOLLADO
Clerk of the District Courts and
County Clerk of Webb County, Texas
E. Alvarado Deputy



SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. SANDRA TARAPASADE
1201 W. FRANK AVENUE
LUFKIN, TX 75904 OR WHEREVER DEFENDANT TARAPASADE MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 11th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

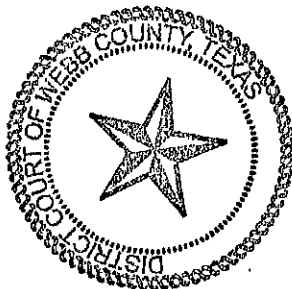
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:


Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at _____ O'CLOCK _____ .M. Executed at _____, within the COUNTY of _____ at _____ O'CLOCK _____ .M. on the _____ day of _____, 2021, by delivering to the within named **DR. SANDRA TARAPASADE**, each, in person, a true copy of this citation together with the accompanying copy of the petition, having first attached such copy of such petition to such copy of citation and endorsed on such copy of citation the date of delivery.

The distance actually travelled by me in serving such process was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

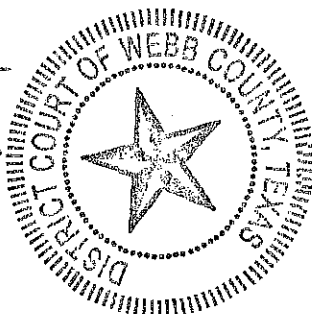
Before me, the undersigned authority, on this day personally appeared _____, who after being duly sworn, upon oath said that a notice, of which the above is a true copy, was by him/her delivered to

_____ on the _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of _____, _____, to certify which witness my hand and seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

I, the undersigned, being a duly qualified
Notary Public in and for the State of Texas,
do hereby certify that the foregoing is a true and
correct copy of the original, as the same was
presented to me for certification.
Given under my hand and seal of office this
31st day of March 2021.
ESTHER DE GOLLADO
Notary Public in and for the State of Texas
My Comm. Expires 03/31/2023



RETURN

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. SANDRA TARAPASADE
1201 W. FRANK AVENUE
LUFKIN, TX 75904 OR WHEREVER DEFENDANT TARAPASADE MAY BE FOUND

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

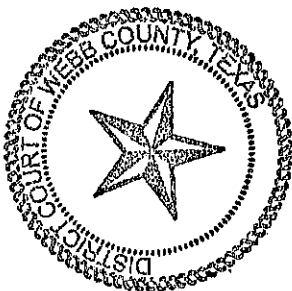
ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217


WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:


Diana Vela

DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named **DR.**
SANDRA TARAPASADE, each, in person, a true copy of this citation
together with the accompanying copy of the petition, having
first attached such copy of such petition to such copy of
citation and endorsed on such copy of citation the date of
delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

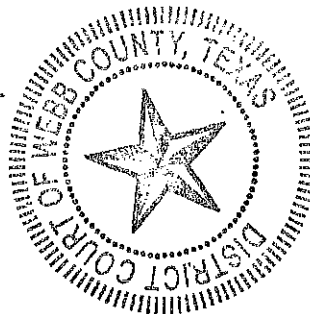
Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES

st
True copy of the original, I certify
31 day of March 20 21
ESTHER DEGOLLADO
Clerk of the District Courts and
County Clerk at Large Webb County, Texas
By E. P. Norada Deputy



SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: LAREDO REGIONAL MEDICAL CENTER, L.P.
D/B/A DOCTORS HOSPITAL OF LAREDO
BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS
INCORPORATING SERVICE COMPANY
211 E. 7TH STREET, SUITE 620
AUSTIN, TX 78701-3136

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas; to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

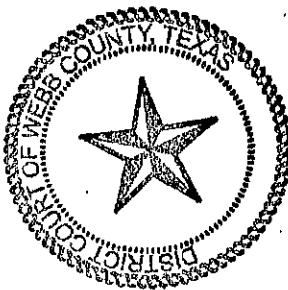
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY: Diana Vela DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named
**LAREDO REGIONAL MEDICAL CENTER, L.P. D/B/A DOCTORS HOSPITAL OF
LAREDO BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS**
, each, in person, a true copy of this citation together with
the accompanying copy of the petition, having first attached
such copy of such petition to such copy of citation and endorsed
on such copy of citation the date of delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

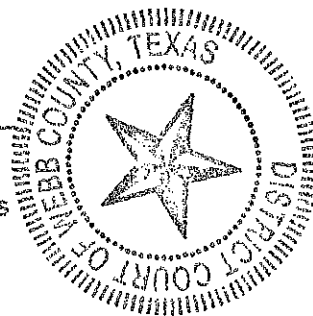
Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES

A true copy of the original. I certify
31st day of March 2021
ESTHER DE GOLLADO
Clerk of the District Courts and
County Court at Law Webb County Texas
By Co. Alvarado Deputy



RETURN
2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: LAREDO REGIONAL MEDICAL CENTER, L.P.
D/B/A DOCTORS HOSPITAL OF LAREDO
BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS
INCORPORATING SERVICE COMPANY
211 E. 7TH STREET, SUITE 620
AUSTIN, TX 78701-3136

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

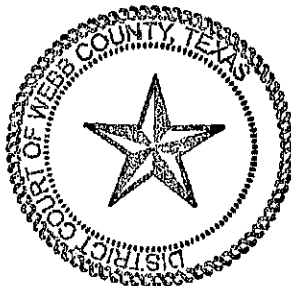
ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:
ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY: Diana Vela DEPUTY

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named
LAREDO REGIONAL MEDICAL CENTER, L.P. D/B/A DOCTORS HOSPITAL OF
LAREDO BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS
 , each, in person, a true copy of this citation together with
 the accompanying copy of the petition, having first attached
 such copy of such petition to such copy of citation and endorsed
 on such copy of citation the date of delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

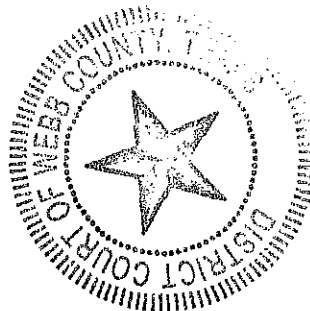
Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES

31st True copy of the original, I certify
day of March 20 21
ESTHER DE GOLLADO
Clerk of the District Courts and
County Clerk at Law Webb County, Texas
By E. DeGollado Deputy



SERVE

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: UNIVERSAL HEALTH SERVICES, INC.
BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS
INCORPORATING SERVICE COMPANY
211 E. 7TH STREET, SUITE 620
AUSTIN, TX 78701-3136

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

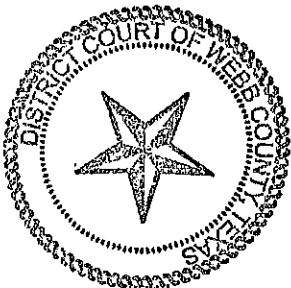
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:  DEPUTY
Diana Vela

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named
**UNIVERSAL HEALTH SERVICES, INC. BY SERVING CORPORATION SERVICE
COMPANY D/B/A CSC-LAWYERS**
, each, in person, a true copy of this citation together with
the accompanying copy of the petition, having first attached
such copy of such petition to such copy of citation and endorsed
on such copy of citation the date of delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

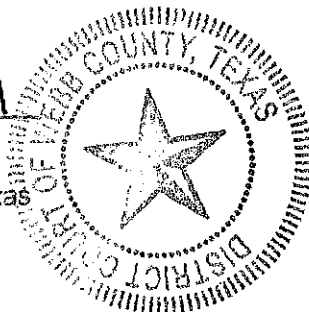
Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES

A True st copy of the original I certify
31 day of March 21
ESTHER DE GOLLADO
Clerk of the District Courts and
County Court at Law, Webb County, Texas
By Ep. Alvarado Deputy



RETURN

2021CVK000510D2

CITATION

THE STATE OF TEXAS
COUNTY OF WEBB

COURT DATE: 06/01/2021 AT 11:00 AM

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: UNIVERSAL HEALTH SERVICES, INC.
BY SERVING CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS
INCORPORATING SERVICE COMPANY
211 E. 7TH STREET, SUITE 620
AUSTIN, TX 78701-3136

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

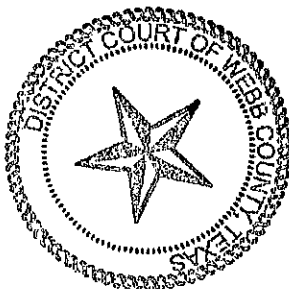
LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY, DEFENDANTS

Said Plaintiff's Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 18th day of March, 2021.

C L E R K O F C O U R T



ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY: _____ DEPUTY

Diana Vela

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named
**UNIVERSAL HEALTH SERVICES, INC. BY SERVING CORPORATION SERVICE
COMPANY D/B/A CSC-LAWYERS**

, each, in person, a true copy of this citation together with
the accompanying copy of the petition, having first attached
such copy of such petition to such copy of citation and endorsed
on such copy of citation the date of delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

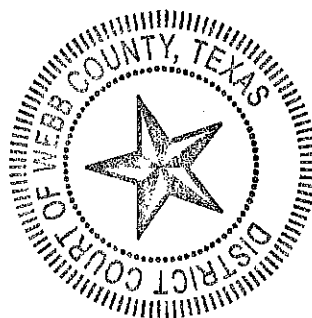
Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES

At st 31 day of March 20 21
ESTHER DE GOLLADO
Clerk of the District Courts and
County Clerk at Law, Webb County Texas
By E. DeGollado Deputy





Filed
4/6/2021 10:36 AM
Esther Degollado
District Clerk
Webb District
Yesenia Rodriguez
2021CVK000510D2

April 6, 2021

VIA E-FILE

Honorable Esther Degollado
Webb County District Clerk
1110 Victoria St., Suite 203
Laredo, Texas 78040

Re: Cause No. 2021CVK000510D2; Alice Jennifer Rodriguez v. Laredo Regional Medical Center, L.P. d/b/a Doctors Hospital of Laredo, et al.; In the 111th Judicial District Court of Webb County, Texas.

Ms. Degollado:

Please accept this letter as a formal request to have a citation prepared for Dr. Prakash Hegde at 2805 Turnberry Dr., Apt. 1023, Arlington, Texas 76006-2345.

Also, a citation for Dr. Paul Christopher Giasi at 7402 Springfield Ave., Apt. 2206, Laredo, Texas 78045-2502.

Please notify me once the citations are ready to be picked up at (210) 824-4411 ext. 5210. If you have any questions, please let me know. Best regards,

Sincerely,



Albert M. Gutierrez

A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By [Signature] Deputy



OFFICES IN SAN ANTONIO AND LAREDO

Filed
4/12/2021 2:14 PM
Esther Degollado
District Clerk
Webb District
Ana Byham
2021CVK000510D2

CAUSE NO. 2021CVK000510D2

ALICE JENNIFER RODRIGUEZ

§

IN THE DISTRICT COURT OF

Plaintiff,

§

VS.

§

WEBB COUNTY, TEXAS

§

LAREDO REGIONAL MEDICAL CENTER, L.P. D/B/A
DOCTORS HOSPITAL OF LAREDO, UNIVERSAL HEALTH
SERVICES, INC., DR. PRAKASH HEGDE, DR. PAUL
CHRISTOPHER GIASI, DR. SANDRA TARAPASADE, and
DR. ROBERT KIETH LANDRY

§

Defendant.

§

111TH JUDICIAL DISTRICT

DECLARATION OF SERVICE

On this day personally appeared Bonnalee J. Acquard who, being by me duly sworn, deposed and said:

"The following came to hand on Apr 8, 2021, 11:57 am,

CITATION; PLAINTIFF'S ORIGINAL PETITION; EXHIBIT A; EXHIBIT B; & EXHIBIT C,

and was executed at 5602 Wooded Villas Dr, Kingwood, TX 77345 within the county of Harris at 7:05 PM on Thu, Apr 08, 2021, by delivering a true copy to the within named

DR. ROBERT KIETH LANDRY

in person, having first endorsed the date of delivery on same.

I am a person over eighteen (18) years of age and I am competent to make this affidavit. I am a resident of the State of Texas. I am familiar with the Texas Rules of Civil Procedure as they apply to service of Process. I am not a party to this suit nor related or affiliated with any herein, and have no interest in the outcome of the suit. I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I have personal knowledge of the facts stated herein and they are true and correct."

My name is Bonnalee J. Acquard, my date of birth is 8/25/51, and my address is 5400 Katy Fwy, Suite 100, Houston, TX 77007, and United States of America. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Harris County, State of TX, on April 09, 2021.



Bonnalee J. Acquard

Bonnalee J. Acquard
Certification #: PSC 10316
Expiration: 05/31/21

A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By Esther Degollado Deputy



RETURN
2021CVK000510D2

CITATION
(PLAINTIFF'S ORIGINAL PETITION)

THE STATE OF TEXAS
COUNTY OF WEBB

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PRAKASH HEGDE
2805 TURNBERRY DR., APT. 1023
ARLINGTON, TEXAS 76006-2345

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.D/B/A DOCTORS HOSPITAL OF LAREDO; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANT

Said Plaintiff's Original Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 6th day of April, 2021.

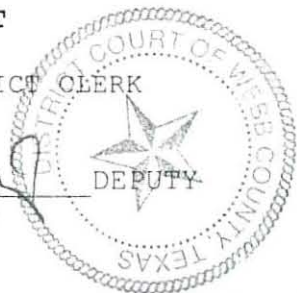
C L E R K O F C O U R T

ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:

Yessenia Rodriguez

DEPUTY



A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By Albert M Gutierrez Deputy

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named DR.
PRAKASH HEGDE, each, in person, a true copy of this citation
 together with the accompanying copy of the petition, having
 first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES



SERVE
2021CVK000510D2

CITATION
(PLAINTIFF'S ORIGINAL PETITION)

THE STATE OF TEXAS
COUNTY OF WEBB

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PRAKASH HEGDE
2805 TURNBERRY DR., APT. 1023
ARLINGTON, TEXAS 76006-2345

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P.D/B/A DOCTORS HOSPITAL OF LAREDO; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANT

Said Plaintiff's Original Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 6th day of April, 2021.

C L E R K O F C O U R T

ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY: Yesenia Rodriguez
Yesenia Rodriguez



A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By Yesenia Rodriguez Deputy

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
_____ O'CLOCK _____ .M. Executed at
_____, within the COUNTY of _____
at _____ O'CLOCK _____ .M. on the _____ day of
_____, 2021, by delivering to the within named DR.
PRAKASH HEGDE, each, in person, a true copy of this citation
together with the accompanying copy of the petition, having
first attached such copy of such petition to such copy of
citation and endorsed on such copy of citation the date of
delivery.

The distance actually travelled by me in serving such process
was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

SHERIFF, CONSTABLE

COUNTY, TEXAS

BY _____
DEPUTY

THE STATE OF TEXAS }
COUNTY OF WEBB }

Before me, the undersigned authority, on this day personally
appeared _____, who after being duly
sworn, upon oath said that a notice, of which the above is a
true copy, was by him/her delivered to

_____ on the
_____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
_____, _____, to certify which witness my hand and
seal of office.

NOTARY PUBLIC
MY COMMISSION EXPIRES



ABEL SOLIZ
CIVIL COURT COORDINATOR
(956)523-4226

MONICA Z. NOTZON
JUDGE, 111TH DISTRICT COURT
1110 VICTORIA SUITE #301 3RD FLOOR
LAREDO, TEXAS 78040
OFFICE (956)523-4230
FAX (956)523-5088

FERNANDO RAMOS
BAILIFF
(956)523-4227

March 18, 2021

CAUSE NO.: 2021CVK000510D2

STYLE: ALICE JENNIFER RODRIGUEZ
VS

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY

NOTICE OF CALENDAR CALL

Please take notice that this case is set for Calendar Call on 06/01/2021
at 11:00 AM at the 111th District Court, 3rd Floor, Webb County Justice Center.

All Calendar Call hearings will be in open Court and on the record before the Honorable Judge Monica Z. Notzon. Your presence is **MANDATORY** unless Counsel for Plaintiff(s) and Defendant(s) have in place a pre-trial guideline order with both Counsel and Judge's signatures prior to calendar call date. This guideline order should have all appropriate dates including pre-trial, jury selection and all deadlines.

Counsel for Plaintiff(s) please note that if you do not appear for calendar call your case may be dismissed for lack of prosecution.

Counsel for Defendant(s) please note that if you do not appear for calendar call, a pre-trial guideline order may be entered with or without your approval and/or signature.

If there are any questions regarding this matter please feel free to call our office at any time.

A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By [Signature] Deputy



[Signature]

Abel Soliz
Civil Court Coordinator
111th District Court

[Signature]



RETURN
2021CVK000510D2

CITATION
(PLAINTIFF'S ORIGINAL PETITION)

THE STATE OF TEXAS
COUNTY OF WEBB

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PAUL CHRISTOPHER GIASI
7402 SPRINGFIELD AVE., APT. 2206
LAREDO, TEXAS 78045-2502

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P. D/B/A DOCTORS HOSPITAL OF LAREDO; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANT

Said Plaintiff's Original Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 6th day of April, 2021.

C L E R K O F C O U R T

ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY:

Yesenia Rodriguez
Yesenia Rodriguez



A True copy of the original I certify
the 15 day of April 20 21
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By *Shirley Chapp* Deputy

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named DR.
PAUL CHRISTOPHER GIASI, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES



SERVE
2021CVK000510D2

CITATION
(PLAINTIFF'S ORIGINAL PETITION)

THE STATE OF TEXAS
COUNTY OF WEBB

NOTICE TO THE DEFENDANT: "YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY. IF YOU OR YOUR ATTORNEY DO NOT FILE A WRITTEN ANSWER WITH THE CLERK WHO ISSUED THIS CITATION BY 10:00 A.M. ON THE MONDAY NEXT FOLLOWING THE EXPIRATION OF TWENTY DAYS AFTER YOU WERE SERVED THIS CITATION AND PETITION, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. IN ADDITION TO FILING A WRITTEN ANSWER WITH THE CLERK, YOU MAY BE REQUIRED TO MAKE INITIAL DISCLOSURES TO THE OTHER PARTIES OF THIS SUIT. THESE DISCLOSURES GENERALLY MUST BE MADE NO LATER THAN 30 DAYS AFTER YOU FILE YOUR ANSWER WITH THE CLERK. FIND OUT MORE AT TEXASLAWHELP.ORG"

TO: DR. PAUL CHRISTOPHER GIASI
7402 SPRINGFIELD AVE., APT. 2206
LAREDO, TEXAS 78045-2502

DEFENDANT, IN THE HEREINAFTER STYLED AND NUMBERED CAUSE, YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE 111th District Court of Webb County, Texas, to be held at the said courthouse of said county in the city of Laredo, Webb County, Texas, by filing a written answer to the Petition of Plaintiff at or before 10:00 O'CLOCK A.M. of the Monday next after the expiration of 20 days after the date of service thereof, a copy of which accompanies this citation, in the Cause #: 2021CVK000510D2, styled:

ALICE JENNIFER RODRIGUEZ, PLAINTIFF
VS.

LAREDO REGIONAL MEDICAL CENTER, L.P. D/B/A DOCTORS HOSPITAL OF LAREDO; UNIVERSAL HEALTH SERVICES, INC.; DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE; DR. ROBERT KEITH LANDRY, DEFENDANT

Said Plaintiff's Original Petition was filed on 03/16/2021 in said court by:

ALBERT M GUTIERREZ, ATTORNEY FOR PLAINTIFF
8610 BROADWAY SUITE 440
SAN ANTONIO TX 78217

WITNESS ESTHER DEGOLLADO, DISTRICT CLERK OF WEBB COUNTY, TEXAS, Issued and given under my hand and seal of said court at office, on this the 6th day of April, 2021.

C L E R K O F C O U R T

ESTHER DEGOLLADO
WEBB COUNTY DISTRICT CLERK
P.O. BOX 667
LAREDO, TX 78042

BY: *[Signature]*
Yesenia Rodriguez



A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By *[Signature]* Deputy

2021CVK000510D2

OFFICER'S RETURN

Came to hand on the _____ day of _____, 2021 at
 _____ O'CLOCK _____ .M. Executed at
 _____, within the COUNTY of _____
 at _____ O'CLOCK _____ .M. on the _____ day of
 _____, 2021, by delivering to the within named DR.
PAUL CHRISTOPHER GIASI, each, in person, a true copy of this
 citation together with the accompanying copy of the petition,
 having first attached such copy of such petition to such copy of
 citation and endorsed on such copy of citation the date of
 delivery.

The distance actually travelled by me in serving such process
 was _____ miles, and my fees are as follows:

Total Fee for serving this citation \$ _____.

To certify which, witness my hand officially.

 SHERIFF, CONSTABLE

 COUNTY, TEXAS

BY _____
 DEPUTY

THE STATE OF TEXAS }
 COUNTY OF WEBB }

Before me, the undersigned authority, on this day personally
 appeared _____, who after being duly
 sworn, upon oath said that a notice, of which the above is a
 true copy, was by him/her delivered to

_____ on the
 _____ day of _____.

SWORN TO AND SUBSCRIBED BEFORE ME on the _____ day of
 _____, _____, to certify which witness my hand and
 seal of office.

 NOTARY PUBLIC
 MY COMMISSION EXPIRES



ABEL SOLIZ
CIVIL COURT COORDINATOR
(956)523-4226

MONICA Z. NOTZON
JUDGE, 111TH DISTRICT COURT
1110 VICTORIA SUITE #301 3RD FLOOR
LAREDO, TEXAS 78040
OFFICE (956)523-4230
FAX (956)523-5088

FERNANDO RAMOS
BAILIFF
(956)523-4227

March 18, 2021

CAUSE NO.: 2021CVK000510D2

STYLE: ALICE JENNIFER RODRIGUEZ

VS

LAREDO REGIONAL MEDICAL CENTER, L.P.; UNIVERSAL HEALTH SERVICES, INC.;
DR. PRAKASH HEGDE; DR. PAUL CHRISTOPHER GIASI; DR. SANDRA TARAPASADE;
DR. ROBERT KEITH LANDRY

NOTICE OF CALENDAR CALL

Please take notice that this case is set for Calendar Call on 06/01/2021
at 11:00 AM at the 111th District Court, 3rd Floor, Webb County Justice Center.

All Calendar Call hearings will be in open Court and on the record before the Honorable Judge Monica Z. Notzon. Your presence is **MANDATORY** unless Counsel for Plaintiff(s) and Defendant(s) have in place a pre-trial guideline order with both Counsel and Judge's signatures prior to calendar call date. This guideline order should have all appropriate dates including pre-trial, jury selection and all deadlines.

Counsel for Plaintiff(s) please note that if you do not appear for calendar call your case may be dismissed for lack of prosecution.

Counsel for Defendant(s) please note that if you do not appear for calendar call, a pre-trial guideline order may be entered with or without your approval and/or signature.

If there are any questions regarding this matter please feel free to call our office at any time.

Abel Soliz
Civil Court Coordinator
111th District Court

A True copy of the original I certify
the 15 day of April 2021
ESTHER DEGOLLADO
Clerk of the District Courts and
County Courts at Law Webb County Texas
By Esther Degollado Deputy



Cause No. 2021CVK000510D2

ALICE JENNIFER RODRIGUEZ	§	IN THE DISTRICT COURT OF
	§	
	§	
	§	
VS.	§	WEBB COUNTY, T E X A S
	§	
LAREDO REGIONAL MEDICAL	§	
CENTER, L.P. D/B/A DOCTORS	§	
HOSPITAL OF LAREDO, UNIVERSAL	§	
HEALTH SERVICES, INC., DR.	§	
PRAKASH HEGDE, DR. PAUL	§	
CHRISTOPHER GIASI, DR. SANDRA	§	
TARAPASADE, AND	§	
DR. ROBERT KIETH LANDRY	§	111 th JUDICIAL DISTRICT

DEFENDANT DR. ROBERT KIETH LANDRY'S
ORIGINAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, **DR. ROBERT KIETH LANDRY**, hereinafter referred to as Defendant and file this Original Answer to Plaintiff's pleading herein, and for such would show the Court and Jury as follows:

I.

Defendant generally denies the material allegations of Plaintiff's pleadings and demand proof thereof as required by the Texas Rules of Civil Procedure and reserve the right to plead further and in greater particularity as the case progresses should such be indicated.

II.

Defendant pleads the provisions of § 74.301, 74.302 and 74.303 of Chapter 74, which limit the amount of damages, except for past and future medical expenses, that may be recovered herein.

III.

For further answer, Defendant invokes his legal right to a reduction of any dollar verdict,

which may be rendered in this cause by credit for payments made by other persons or entities or by percentage reductions to which Defendant would be entitled as a result of jury findings against other persons or entities. In this connection, Defendant reserves the right to submit issues against parties who may be present in this case or absent from this case at the time the matter is passed to the jury for fact determinations.

IV.

Any award of prejudgment interest in this case is illegal and unconstitutional. Defendant was not aware that prejudgment interest would be awarded on any judgments from the time of the incident made the basis of this case. Any award of prejudgment interest at a minimum rate of 10 percent would be arbitrary and excessive and constitute an excessive fine and violation of Defendant's right to due process of law as forbidden by the Texas and United States Constitutions.

V.

Defendant further alleges, by way of affirmative defense, that, to the extent Plaintiff seeks recovery from Defendant for medical bills, expenses and services incurred but which were never charged to the Plaintiff, and thus were never paid or in fact incurred by the Plaintiff, Defendant would show that the Plaintiff is not entitled to recover those amounts. Defendant would show that he is entitled to a credit for any offset or discount from these services; specifically, Defendant would show that Plaintiff may only recover medical or healthcare expenses that the Plaintiff actually paid or that were incurred by or on the Plaintiff's behalf. *See Texas Civil Practice & Remedies Code §41.0105 (West 2003).*

VI.

Please take notice that Defendant respectfully reserves the right to designate a Responsible

Third Party within sixty days of trial or thereafter with good cause shown in accordance with Texas Civil Practice & Remedies Code § 33.004 (West 2003). Defendant further reserves the right to designate an unknown person as a “John Doe” or Jane Doe” Responsible Third Party within sixty days after the filing of the Original Answer.

VII.

Defendant respectfully reserves the right to file an Amended Answer in this cause in the manner authorized by the Texas Rules of Civil Procedure.

VIII.

Defendant would hereby show and assert that the joint and several liability provisions of Article 33.001, Texas Civil Practice & Remedies Code (formerly Article 2212a, Texas Revised Civil Statutes Annotated) and the joint and several liability provisions of common law, if any, are illegal and unconstitutional and void.

IX.

Defendant asserts a right to contribution against all other Defendant in this cause of action pursuant to Chapters 32 and 33 of the Texas Civil Practice & Remedies Code.

X.

Defendant further invokes his rights under the Due Process Clause of the Fifth Amendment of the United States Constitution as applied to the States through the Fourteenth Amendment of the United States Constitution. Defendant affirmatively pleads that the Plaintiff’s pleadings of punitive and/or exemplary damages are violative of the Due Process Clauses of the Fifth and Fourteenth Amendments inasmuch as punitive and/or exemplary damages can be assessed:

- a. in an amount left to the discretion of the jury and Judge;
- b. in assessing such sums the decision of the jury need only be based on a vote of ten jurors and does not require a unanimous verdict;
- c. in assessing such penalty or exemplary awards Plaintiff need only prove the theory

- of gross negligence on a preponderance of the evidence standard and not on a "beyond a reasonable doubt" standard as should be required in assessing a punishment award;
- d. further, the Defendant who is subject to the award does not have the right to refuse to testify against himself but must in fact take the stand and/or give deposition testimony or subject himself to the consequences of a default judgment;
 - e. the assessment of such a punishment and/or exemplary award is not based upon a clearly defined statutory enactment setting forth a specific mens rea requirement and/or other prerequisites of a criminal fine and in effect allows the assessment of such awards even though there are no specific standards, limits or other statutory requirements set forth which define the mens rea and scope and limit of such awards. Therefore, the awards are unduly vague and do not meet the requirements of due process;
 - f. in essence, the Defendant herein is subjected to all the hazards and risks of what amounts to a fine, and in fact such awards often exceed normal criminal fines, but the Defendant receives none of the basic rights accorded to a criminal defendant when being subjected to possible criminal penalties.

Further, if such be necessary, Defendant affirmatively pleads that the assessment and award of punitive and/or exemplary damages is violative of the Eighth Amendment of the United States Constitution as it is applied through the States through the Fourteenth Amendment of the United States Constitution in that such awards potentially constitute an excessive fine imposed without the protection of fundamental due process.

Accordingly, Defendant herein invoke his rights under the Fifth, Eighth and Fourteenth Amendments of the United States Constitution and respectfully requests that this Court disallow the award of punitive and/or exemplary damages inasmuch as an award in this case would be violative of Defendant's United States Constitutional rights.

Defendant, still urging and relying on the matters above, further alleges by way of affirmative defense that in the unlikely event that Plaintiff's satisfy Plaintiff's burden by showing clear and convincing evidence that Defendant acted with fraud, malice, or gross negligence, all liability herein expressly denied, then Defendant say that such exemplary damages are limited to an amount equal to the greater of (1) two times the economic damages plus an amount equal to any

non-economic damages found by the trier of fact, not to exceed \$750,000 or (2) \$200,000. *See* Tex. Civ. Prac. & Rem. Code §41.008 (West 2003).

XI.

Please take notice that pursuant to Tex. Civ. Prac. & Rem. Code §41.009 (West 1997), Defendant respectfully reserves the right to request, before *voir dire* examination of the jury, a bifurcated trial on the issue of punitive damages.

XII.

For further answer, Defendant asserts that this case involves the provision of emergency medical care in a hospital emergency department, and as such, Plaintiff must show by a preponderance of the evidence that defendant with willful and wanton negligence, deviated from the degree of care and skill that is reasonably expected of an ordinarily prudent physician in the same or similar circumstances. Thus, Defendant asserts that he provided emergency care to **ALICE JENNIFER RODRIGUEZ**. Tex. Civ. Prac. & Rem. Code §74.153.

XIII.

Defendant demands a jury trial with this Original Answer and payment of the jury fee is being made at the time of this filing.

RULE 193.7 NOTICE

Pursuant to Rule 193.7 of the Texas Rules of Civil Procedure, Defendant hereby gives actual notice to Plaintiff that any and all documents produced in response to written discovery may be used as evidence in this case; and, that any such materials may be used as evidence against the party producing the document at any pretrial proceeding and/or at the trial of this matter without the necessity of authenticating the document and/or materials produced in discovery.

REQUESTS FOR DISCLOSURE

Pursuant to Texas Rule of Civil Procedure 194, Defendant requests that Plaintiff disclose, within thirty (30) days of service of this request, the information or material described in Rule 194.2(a)-(l).

WHEREFORE, PREMISES CONSIDERED, Defendant, **DR. ROBERT KIETH LANDRY**, prays that Plaintiff take nothing by Plaintiffs' suit against said Defendant, that Defendant be discharged, and for such other and further relief, both general and special, at law and in equity, to which Defendant may be justly entitled.

Respectfully submitted,

MYERS ♦ DOYLE

/S/ FRANK A. DOYLE

By: _____

FRANK A. DOYLE

State Bar No. 06091300

Email: fdoyle@myersdoyle.com

LINA AL-SALIM

State Bar No. 24101438

Email: lalsalim@myersdoyle.com

7676 Woodway, Suite 350

Houston Texas 77063

713-278-9215 Telephone

713-278-9163 FAX

**ATTORNEY FOR DEFENDANT
DR. ROBERT KIETH LANDRY**

CERTIFICATE OF SERVICE

I, **Frank A. Doyle**, hereby certify that a true and correct copy of the above and foregoing document has been forwarded to the following counsel of record on this the 16TH day of April 2021 the manner indicated below:

Alberto M. Gutierrez	<input type="checkbox"/> via certified mail
Elizabeth C. Boddy	<input type="checkbox"/> via regular mail
Kelly Canales Feicht	<input checked="" type="checkbox"/> via eservice
Person, Mohrer, Morales, Boddy, Garcia & Gutierrez, PLLC	<input type="checkbox"/> via hand delivery
8610 Broadway, Suite 440	
San Antonio, Texas 78217	

Edward J. Castillo	<input type="checkbox"/> via certified mail
Ezequiel "Zeke" Moya, Jr.	<input type="checkbox"/> via regular mail
Eduardo Moya	<input checked="" type="checkbox"/> via eservice
Gonzalez Castillo Moya, LLP	<input type="checkbox"/> via hand delivery
1317 E. Quebec Avenue	
McAllen, Texas 78503	

Russ Schell	<input type="checkbox"/> via certified mail
Michelle G. Obach	<input type="checkbox"/> via regular mail
Ryan Campbell	<input checked="" type="checkbox"/> via eservice
Schell Cooley	<input type="checkbox"/> via hand delivery
5057 Keller Springs RD., Suite 425	
Addison, TX 75001	

/S/ FRANK A. DOYLE

Frank A. Doyle

Cause No. 2021CVK000510D2

ALICE JENNIFER RODRIGUEZ	§	IN THE DISTRICT COURT OF
	§	
	§	
	§	
VS.	§	WEBB COUNTY, T E X A S
	§	
LAREDO REGIONAL MEDICAL	§	
CENTER, L.P. D/B/A DOCTORS	§	
HOSPITAL OF LAREDO, UNIVERSAL	§	
HEALTH SERVICES, INC., DR.	§	
PRAKASH HEGDE, DR. PAUL	§	
CHRISTOPHER GIASI, DR. SANDRA	§	
TARAPASADE, AND	§	
DR. ROBERT KIETH LANDRY	§	111 th JUDICIAL DISTRICT

DEFENDANT DR. PAUL CHRISTOPHER GIASI'S
ORIGINAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, **DR. PAUL CHRISTOPHER GIASI**, hereinafter referred to as Defendant and file this Original Answer to Plaintiff's pleading herein, and for such would show the Court and Jury as follows:

I.

Defendant generally denies the material allegations of Plaintiff's pleadings and demand proof thereof as required by the Texas Rules of Civil Procedure and reserve the right to plead further and in greater particularity as the case progresses should such be indicated.

II.

Defendant pleads the provisions of § 74.301, 74.302 and 74.303 of Chapter 74, which limit the amount of damages, except for past and future medical expenses, that may be recovered herein.

III.

For further answer, Defendant invokes his legal right to a reduction of any dollar verdict,

which may be rendered in this cause by credit for payments made by other persons or entities or by percentage reductions to which Defendant would be entitled as a result of jury findings against other persons or entities. In this connection, Defendant reserves the right to submit issues against parties who may be present in this case or absent from this case at the time the matter is passed to the jury for fact determinations.

IV.

Any award of prejudgment interest in this case is illegal and unconstitutional. Defendant was not aware that prejudgment interest would be awarded on any judgments from the time of the incident made the basis of this case. Any award of prejudgment interest at a minimum rate of 10 percent would be arbitrary and excessive and constitute an excessive fine and violation of Defendant's right to due process of law as forbidden by the Texas and United States Constitutions.

V.

Defendant further alleges, by way of affirmative defense, that, to the extent Plaintiff seeks recovery from Defendant for medical bills, expenses and services incurred but which were never charged to the Plaintiff, and thus were never paid or in fact incurred by the Plaintiff, Defendant would show that the Plaintiff is not entitled to recover those amounts. Defendant would show that he is entitled to a credit for any offset or discount from these services; specifically, Defendant would show that Plaintiff may only recover medical or healthcare expenses that the Plaintiff actually paid or that were incurred by or on the Plaintiff's behalf. *See Texas Civil Practice & Remedies Code §41.0105 (West 2003).*

VI.

Please take notice that Defendant respectfully reserves the right to designate a Responsible

Third Party within sixty days of trial or thereafter with good cause shown in accordance with Texas Civil Practice & Remedies Code § 33.004 (West 2003). Defendant further reserves the right to designate an unknown person as a “John Doe” or Jane Doe” Responsible Third Party within sixty days after the filing of the Original Answer.

VII.

Defendant respectfully reserves the right to file an Amended Answer in this cause in the manner authorized by the Texas Rules of Civil Procedure.

VIII.

Defendant would hereby show and assert that the joint and several liability provisions of Article 33.001, Texas Civil Practice & Remedies Code (formerly Article 2212a, Texas Revised Civil Statutes Annotated) and the joint and several liability provisions of common law, if any, are illegal and unconstitutional and void.

IX.

Defendant asserts a right to contribution against all other Defendant in this cause of action pursuant to Chapters 32 and 33 of the Texas Civil Practice & Remedies Code.

X.

Defendant further invokes his rights under the Due Process Clause of the Fifth Amendment of the United States Constitution as applied to the States through the Fourteenth Amendment of the United States Constitution. Defendant affirmatively pleads that the Plaintiff’s pleadings of punitive and/or exemplary damages are violative of the Due Process Clauses of the Fifth and Fourteenth Amendments inasmuch as punitive and/or exemplary damages can be assessed:

- a. in an amount left to the discretion of the jury and Judge;
- b. in assessing such sums the decision of the jury need only be based on a vote of ten jurors and does not require a unanimous verdict;
- c. in assessing such penalty or exemplary awards Plaintiff need only prove the theory

- of gross negligence on a preponderance of the evidence standard and not on a "beyond a reasonable doubt" standard as should be required in assessing a punishment award;
- d. further, the Defendant who is subject to the award does not have the right to refuse to testify against himself but must in fact take the stand and/or give deposition testimony or subject himself to the consequences of a default judgment;
 - e. the assessment of such a punishment and/or exemplary award is not based upon a clearly defined statutory enactment setting forth a specific mens rea requirement and/or other prerequisites of a criminal fine and in effect allows the assessment of such awards even though there are no specific standards, limits or other statutory requirements set forth which define the mens rea and scope and limit of such awards. Therefore, the awards are unduly vague and do not meet the requirements of due process;
 - f. in essence, the Defendant herein is subjected to all the hazards and risks of what amounts to a fine, and in fact such awards often exceed normal criminal fines, but the Defendant receives none of the basic rights accorded to a criminal defendant when being subjected to possible criminal penalties.

Further, if such be necessary, Defendant affirmatively pleads that the assessment and award of punitive and/or exemplary damages is violative of the Eighth Amendment of the United States Constitution as it is applied through the States through the Fourteenth Amendment of the United States Constitution in that such awards potentially constitute an excessive fine imposed without the protection of fundamental due process.

Accordingly, Defendant herein invoke his rights under the Fifth, Eighth and Fourteenth Amendments of the United States Constitution and respectfully requests that this Court disallow the award of punitive and/or exemplary damages inasmuch as an award in this case would be violative of Defendant's United States Constitutional rights.

Defendant, still urging and relying on the matters above, further alleges by way of affirmative defense that in the unlikely event that Plaintiff's satisfy Plaintiff's burden by showing clear and convincing evidence that Defendant acted with fraud, malice, or gross negligence, all liability herein expressly denied, then Defendant say that such exemplary damages are limited to an amount equal to the greater of (1) two times the economic damages plus an amount equal to any

non-economic damages found by the trier of fact, not to exceed \$750,000 or (2) \$200,000. *See* Tex. Civ. Prac. & Rem. Code §41.008 (West 2003).

XI.

Please take notice that pursuant to Tex. Civ. Prac. & Rem. Code §41.009 (West 1997), Defendant respectfully reserves the right to request, before *voir dire* examination of the jury, a bifurcated trial on the issue of punitive damages.

XII.

For further answer, Defendant asserts that this case involves the provision of emergency medical care in a hospital emergency department, and as such, Plaintiff must show by a preponderance of the evidence that defendant with willful and wanton negligence, deviated from the degree of care and skill that is reasonably expected of an ordinarily prudent physician in the same or similar circumstances. Thus, Defendant asserts that he provided emergency care to **ALICE JENNIFER RODRIGUEZ**. Tex. Civ. Prac. & Rem. Code §74.153.

XIII.

Defendant demands a jury trial with this Original Answer and payment of the jury fee is being made at the time of this filing.

RULE 193.7 NOTICE

Pursuant to Rule 193.7 of the Texas Rules of Civil Procedure, Defendant hereby gives actual notice to Plaintiff that any and all documents produced in response to written discovery may be used as evidence in this case; and, that any such materials may be used as evidence against the party producing the document at any pretrial proceeding and/or at the trial of this matter without the necessity of authenticating the document and/or materials produced in discovery.

REQUESTS FOR DISCLOSURE

Pursuant to Texas Rule of Civil Procedure 194, Defendant requests that Plaintiff disclose, within thirty (30) days of service of this request, the information or material described in Rule 194.2(a)-(l).

WHEREFORE, PREMISES CONSIDERED, Defendant, **DR. PAUL CHRISTOPHER GIASI**, prays that Plaintiff take nothing by Plaintiffs' suit against said Defendant, that Defendant be discharged, and for such other and further relief, both general and special, at law and in equity, to which Defendant may be justly entitled.

Respectfully submitted,

MYERS ♦ DOYLE

/S/ FRANK A. DOYLE

By: _____

FRANK A. DOYLE

State Bar No. 06091300

Email: fdoyle@myersdoyle.com

LINA AL-SALIM

State Bar No. 24101438

Email: lalsalim@myersdoyle.com

7676 Woodway, Suite 350

Houston Texas 77063

713-278-9215 Telephone

713-278-9163 FAX

**ATTORNEY FOR DEFENDANT
DR. PAUL CHRISTOPHER GIASI**

CERTIFICATE OF SERVICE

I, **Frank A. Doyle**, hereby certify that a true and correct copy of the above and foregoing document has been forwarded to the following counsel of record on this the 16th day of April 2021 the manner indicated below:

Alberto M. Gutierrez	<input type="checkbox"/> via certified mail
Elizabeth C. Boddy	<input type="checkbox"/> via regular mail
Kelly Canales Feicht	<input checked="" type="checkbox"/> via eservice
Person, Mohrer, Morales, Boddy, Garcia & Gutierrez, PLLC	<input type="checkbox"/> via hand delivery
8610 Broadway, Suite 440	
San Antonio, Texas 78217	

Edward J. Castillo	<input type="checkbox"/> via certified mail
Ezequiel "Zeke" Moya, Jr.	<input type="checkbox"/> via regular mail
Eduardo Moya	<input checked="" type="checkbox"/> via eservice
Gonzalez Castillo Moya, LLP	<input type="checkbox"/> via hand delivery
1317 E. Quebec Avenue	
McAllen, Texas 78503	

Russ Schell	<input type="checkbox"/> via certified mail
Michelle G. Obach	<input type="checkbox"/> via regular mail
Ryan Campbell	<input checked="" type="checkbox"/> via eservice
Schell Cooley	<input type="checkbox"/> via hand delivery
5057 Keller Springs RD., Suite 425	
Addison, TX 75001	

/S/ FRANK A. DOYLE

Frank A. Doyle